



State of West Virginia

West Virginia Board of Medicine
101 Dee Drive, Suite 103
Charleston, WV 25311
Telephone (304) 558-2921
Fax (304) 558-2084

Addendum 1 – Additional Physician Information

Affidavit and Practice Information

I certify that I am of good moral character and that I have not engaged in any of the acts prohibited by the statutes of the State of West Virginia. I am applying for licensure by endorsement of examination of (check only one):

☐ NBME ☐ USMLE ☐ FLEX ☐ LMCC ☐ USMLE/FLEX
☐ NBME/USMLE ☐ State Board Exam (State of _____)

Practice specialty: _____ Proposed WV practice location: _____

Board Certified in: _____ Date Board Certified: _____ / _____ / _____
mm dd yyyy

If not currently working as a medical doctor, check here. ☐

Photo Declaration

I hereby declare under penalty of perjury under the laws of the State of West Virginia, that the photo of myself attached to the Affidavit and Authorization for Release of Information form was taken on or about

Date

Sex: ☐ Male ☐ Female Height: _____ ft _____ in Weight: _____ lbs
Hair color: _____ Eye color: _____ Identifying marks: _____

Authorization for Release of Application Status

The person(s) listed below have my permission to check on the status of my application for a West Virginia medical license. I understand that I may revoke this authorization, in writing, at any time during the application process.

Type or print name clearly

Type or print name clearly

Physician's Signature: _____ Date: _____

Physician's Printed Name: _____

Please return this form to the West Virginia Board of Medicine mailing address above.



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Addendum 2 – Good Moral Character Statement

I, _____, M.D., am currently licensed in the State of _____ and
Name of Affiant

I swear that I have known the applicant _____ well for a minimum of
Printed Name of Applicant

two (2) years. Further, I know him/her to be a person of good moral character, and he/she is physically and mentally capable of engaging in the practice of medicine and surgery.

Signature of Affiant

Printed Name of Affiant

Street Address of Affiant

City, State, Zip Code

Notary

State of _____, County of _____

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this affiant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the affiant, and (b) comparing the affiant's signature made in my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the affiant on this _____ day of _____, 20____.

Notary Public Signature: _____

(NOTARY PUBLIC SEAL)

My Notary Commission Expires: _____

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